(to be used for all correspondence after initial filing) Total Number of Pages in This Submission			Application Number 09/72/ Filing Date Nover First Named Inventor Steph Art Unit 2131 Examiner Name Sams Attorney Docket Number X-805		mber 28, 2000 nen M. Trimberger on B. Lemma		
Amendme Af Af Af Extension Express A Information Certified Coocumen Reply to Mincomplet	fiter Final ffidavits/declaration(s) n of Time Request Abandonment Request on Disclosure Statement Copy of Priority tt(s) Missing Parts/ te Application		Orawing(s) icensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Ferminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD		After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): PTO/SB/08A Substitute for Form 1449A Citing Three (3) References		
	eply to Missing Parts nder 37 CFR 1.52 or 1.53 SIGNA XILINX, INC.		OF APPLICANT, ATTOR	RNEY, O	PR AGENT		

Date January 14, 2005 Reg. No. 37,652 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Typed or printed name Julie Matthews Date January 14, 2005

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PTO/SB/17 (10-02)
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	Complete if Known					
REE TRANSMITTAL	Application / Conf. No.	09/724,734 / 7773				
(") for EV 2003	Filing Date	November 28, 2000				
for FY 2003	First Named Inventor	Stephen M. Trimberger				
405 7	Examiner Name	Samson B. Lemma				
Patent fees are subject to annual revision	Art Unit	2132				
OTAL AMOUNT OF PAYMENT (\$) 180.00	Attorney Docket No.	X-805-8 US				

METHOD OF PAYMENT (check one)			FEE CALCULATION (continued)			
The Commissioner is hereby authorized to charge indicated fees, any additional fees required, and credit any over payments to:		3. ADDITIONAL FEES Large Entity Fee Fee				
Deposit Account		Fee Fee	(\$)	Fee Description	Fee Paid	
Deposit	24-0040		1051	130	Surcharge - late filing fee or oath	
Account Number			1052	50	Surcharge - late provisional filing fee or	
Deposit Account	XILINX, II	NC.	1812	2,520	cover sheet. For filing a request for exparte reexamination	
Name I			1804	920*	Requesting publication of SIR prior to Examiner action	
			1805	1,840*	Requesting publication of SIR after Examiner action	
	FEE CALCULATION	١	1251	120	Extension for reply within first month	
1. BASIC	FILING FEE	-	1252	450	Extension for reply within second month	
Large Enti	tv		1253	1020	Extension for reply within third month	
_	Fee Fee Description	Fee	1254	1,530	Extension for reply within fourth month	
Paid			1255	2,080	Extension for reply within fifth month	
Code 1001	(\$) 770 Utility filing fee		1401	500	Notice of Appeal	
	330 Design filing fe	9	1402	500	Filing a brief in support of an appeal	
	510 Plant filing fee790 Reissue filing fe		1403	1000	Request for oral hearing	
	160 Provisional filin		1451	1,510	Petition to institute a public use proceeding	
	г		1452	110	Petition to revive - unavoidable	
		(\$)	1453	1,370	Petition to revive - unintentional	
2. EXTRA	CLAIM FEES FOR UT	TILITY AND REISSUE	1501	1,370	Utility issue fee (or reissue)	
	Extra	Fee from below Fee Paid	1460	130	Petitions to the Commissioner	
Total Claims		× 🔲 = 🔛	1807	50	Petitions related to provisional applications	
Indep. Claims		× - = -	1806	180	Submission of Information Disclosure Stmt	\$180
Multiple Depende		×=	8021	40	Recording each patent assignment per property (times number of properties)	
Large Entity Fee Fee	riously paid, if greater, For Re Fee Descriptio	n	1809	790	Filing a submission after final rejection (37 CFR 1.129(a))	
Code (\$) 1202 18	Claims in excess of	7	1810	790	For each additional invention to be examined (37 CFR 1.129(b))	
1201 86 1203 290 1204 86	Independent claim Multiple dependen **Reissue indeper over original pat	s in excess of 3 t claim, if not paid ' dent claims	1801	790	Request for Continued Examination (RCE)	
1205 18	**Reissue claims i and over origina	n excess of 20	Other fe	e (specify)		
su	BTOTAL (2)	\$)	*Reduce	ed by Basic	Filing Fee Paid SUBTOTAL (3) (\$)	180.00

SUBMITTED BY Complete (if applicable)						
Name (Print/Type)	Kim Kanzaki /	Registration No. (Attorney/Agent)	37,652	Telephone	408-879-6149	
Signature	k	1/1/	/	Date	01-14-2005	